

STANDARD CERTIFICATE OF DEATH

35744

State File No.

FILED OCT 21 1952

BIRTH NO.		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 4346		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		c. LENGTH OF STAY (In this place) <u>6 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Madison</u>		a. (First)		b. (Middle) <u>Hardin</u>		c. (Last) <u>Callaway</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 52</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Nov. 4 1874</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Callaway Co. - Harris Prairie Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Wilson Callaway</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Fray</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Callaway</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Haemorrhage</u>		DUE TO (c) <u>Arterio-Sclerotic Nephritis and</u>		<u>6 wks.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		446X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 15</u> , 19 <u>52</u> , to <u>Oct 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>52</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James C. Helm M.D.</u>				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>10-22-52</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-14-52</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Stephens</u>		ADDRESS <u>Montgomery</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *A. B. Keller*

Licensed Embalmer No. 1584

P. O. Address Wellsville Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.